

SURVIVING SPOUSE or MINOR CHILD
APPLICATION FOR STATUTORY EXEMPTION

General Laws Chapter 59, Section 5

THIS APPLICATION IS NOT OPEN TO
PUBLIC INSPECTION

(See General Laws Chapter 59, Section 60.)

Must be filed with the Board of Assessors on or before December 15, or 3 months after the actual (not preliminary) tax bills are mailed for the fiscal year if later.

A. IDENTIFICATION. Complete this section fully. Please Print or Type.

Name of Applicant _____

Marital Status _____ Social Security No. _____ Date of Birth _____
(optional) (If first year of application, attach copy of birth certificate)

Legal Residence (Domicile) on July 1, 2009? _____

Mailing Address (If different) _____ Tel No. _____

Parcel ID _____ No. of Dwelling Units: ☐ 1 ☐ 2 ☐ 3 ☐ 4 Other _____

Did you own the property July 1, 2009? _____

If yes, were you _____ Sole Owner _____ Co-Owner with spouse only _____ Co-Owner with others

Was the property subject to a Trust as of July 1, 2009? _____ (If yes, attach Trust Instrument)

Have you been granted an exemption in any other city or town this year? _____

If yes, name of City or Town _____ Amount Exempted \$ _____

DISPOSITION OF APPLICATION (ASSESSORS' USE ONLY)

_____Ownership	_____GRANTED	Assessed Tax	_____
_____Occupancy	_____DENIED	Exempted Tax	_____
_____Status	_____DEEMED DENIED	Adjusted Tax	_____
_____Income	Date Granted/Denied _____		
_____Assets	Certificate No. _____		
	Date Cert/Notice Sent _____		

Board of Assessors

B. EXEMPTION STATUS – Please complete the applicable box.

Surviving Spouse
Spouse's Name _____
Date of Death _____
Have you remarried _____
If yes, Date _____
Are you a surviving spouse of a firefighter or police officer killed in the line of duty? _____
If yes, go to section D.

Surviving Minor Child
Deceased Parent's Name _____
Date of Death _____
Are you a surviving minor child of a firefighter or police officer killed in the line of duty? _____
If yes, go to section D.

C. VALUE OF ALL PROPERTY OWNED ON JULY 1 THIS YEAR.

Documentation may be requested to verify your assets.

Real Estate	Assessed Valuation	Mortgage Balance	Value
Domicile			
Other			

Motor Vehicles and Trailer	Year	Make	Model	Value

Bank Accounts	Institution Name & Address	Account No	Amount

Stocks, Bonds, Securities, Etc.	Description	Amount

Other Non-Exempt Personal Property	Kind	Description	Value

Total _____

D. SIGNATURE

This application has been prepared or examined by me. I declare, under the pains and penalties of perjury, that to the best of my knowledge and belief, it and all accompanying documents and statements are true, correct, and complete.

Signature Date

If signed by an agent, attach a copy of written authorization to sign on behalf of taxpayer.

**FILING THIS FORM DOES NOT STAY THE COLLECTION OF YOUR TAXES
THIS FORM APPROVED BY THE COMMISSIONER OF REVENUE**